

EXHIBIT B

Department of Public Safety / Division of Corrections

CHAPTER:	4	Facility Services	4.2.13
SECTION:	2	Health Service	EFFECTIVE DATE: 3-22-04
SUBJECT:	13	SUICIDE PREVENTION / INTERVENTION	REVISION DATE: 02/07/11
APPROVED:			DATE: 2-2-11
Gene Stubblefield SUPERINTENDENT OF CORRECTIONS			
Reviewed: 3/04; 3/06; 10/07; 2/11			

I. POLICY

The Division of Corrections has established a suicide-prevention program which provides procedures and guidelines for handling intake, screening, identifying, and supervising of a suicide-prone inmate.

II. PURPOSE

To define the responsibilities of those employees involved in the provision of emergency mental health services to inmates.

III. APPLICABILITY

All Division of Corrections employees, volunteers, and contractors are responsible for the following procedures.

IV. STANDARDS

ACA Adult Local Detention Facilities, 4th Edition

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(MANDATORY) A suicide-prevention program is approved by the health authority and reviewed by the facility or program administrator. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone inmate and is signed and reviewed annually. The program includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an inmate or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for inmate supervision are trained on an annual basis in the implementation of the program. Training includes but is not limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including

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- incidence and variations in precipitating factors
- responding to suicidal and depressed inmates
- communicating between correctional and health care personnel
- using referral procedures
- housing observation and suicide-watch level procedures
- follow-up monitoring of inmates who make a suicide attempt

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When standard issued clothing presents a security or medical risk, the inmate is supplied with a security garment that promotes inmate safety and prevents humiliation and degradation.

V. DEFINITIONS

Close Observation: Observation of the inmate in staggered intervals, not to exceed 15 minutes, in moderate risk situations. This includes recorded observation within each 15 minute interval.

Crisis Watch Status: Crisis levels that identify the status of inmates, who have been identified by the mental health staff as being at risk of self-harm, emotionally disturbed or mentally ill and not stabilized on medication:

Full Suicide Watch (FSW)

Close Observation

Full Suicide Watch: Observation of the inmate in staggered intervals, not to exceed 10 minutes, in high risk situations. This includes recorded observation within each 10 minute interval. Inmates on this status will receive priority placement in camera cells.

Integrated Jail Management System (IJMS): Regional computer network for identification and tracking inmates.

Qualified Mental Health Professional (MHP): An individual who has the education, credentials, experience, and is permitted by law within the scope of their professional practice act, to evaluate and care for the mental health needs of patients.

Suicide Indicators: Any self-inflicted bodily injury that may or may not require medical attention and/or an inmate's verbalization of suicide thoughts and plans. For more indicators refer to Appendix A of this policy.

Standing Order 1: For Full Suicide Watch, those deemed suicidal are placed in a designated suicide watch cell and issued 1 suicide smock, 1 suicide blanket and issued 1 mattress.

Standing Order 2: For Court Returns, those receiving 20+ years are automatically placed on Close Observation Watch.

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Suicide Watch Garment: A smock or blanket made of tear resistant material which may be used as an alternative to clothing which promotes inmate safety and prevents humiliation and degradation.

Transition Care Unit (Infirmary): A place where the infirm or sick are lodged for care and treatment

Watch Identification Armband: A purple armband with an epic photo of the inmate, the inmate's name and reference number that alerts staff that the inmate has been placed on some level of watch status.

Watch Hot Board: A board in the Admissions/Processing area that identifies inmates transferring to the facility on a suicide watch status.

VI. CANCELLATION

This policy cancels all previous Division Policies, statements, memorandums, directives, orders, notices, rules and regulations dated prior to the revision of this policy which are inconsistent with this policy.

VII. GENERAL INFORMATION

1. Suicide Watch Cells have a minimum number of stationary fixtures, and allow the Housing Officer to visually observe the inmate through the cell door window and to continuously observe the inmate via CCTV, when available.
2. Specific housing units within the St. Louis City Justice Center and the Medium Security Institution will have a number of cells designated as Crisis Watch Cells.
3. The Mental Health Professional determines which items of facility-issued clothing and cell furnishings an inmate is allowed to possess while on Crisis Watch and indicates those items by writing in the appropriate section on the Crisis Watch Form.
4. If the Mental Health Professional is not available to determine which items of facility-issued clothing and cell furnishings the inmate should be allowed, medical staff should be notified and the Correctional Officers will provide the inmate with an approved, facility-issued suicide gown and/or a facility-issued suicide blanket.
5. Inmates including arrestees being placed on Full Suicide Watch or Close Observation will be placed in designated Crisis Watch cells. Inmates identified as being suicidal shall be taken to the Admissions/Processing Unit to have a purple Watch Identification Armband placed on their left wrist. This purple wrist band will be used in lieu of the color used in the Special Management Unit and will also contain the inmate's housing unit, epic photo and reference number.
6. Suicide Intervention procedures supersede an inmate's Special Management classification while maintaining good security. (For Example, an inmate classified as an Escape Risk

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- may be reassigned to Crisis Watch status, if suicidal, while maintaining proper restraint and following inmate movement procedures while on Crisis Watch.)
7. The medical and custody staff will refer to Standing Order 1 for direction as to the response and measures that will be taken if an inmate is identified as suicidal or has suicidal tendencies when the Mental Health Professional is off duty.
 8. In the event of an inmate death, as a result of a suicide, correctional staff members shall follow the directives as described in Division Policies #3.2.16 – Inmate Deaths and #3.1.19 – Crime Scene Management and Evidence Preservation.
 9. The identification of the warning signs and symptoms of impending suicidal behavior are located at Appendix A within this policy.

VIII. FORMS

The following forms are referenced in this policy and procedure:

- Daily Activity Log
- Incident Report
- Intake Mental Health Screening and Assessment
- Crisis Watch
- Request /Authorization for Suicide Watch Form
- Suicide Prevention Screening Form
- Suicide Watch Observation Sheet
- Temporary Administrative Segregation Confinement (TASC)

IX. PROCEDURES

A. Suicide Identification and Screening-Admission

1. During the Level I and II Medical Screening and intake at CJC, the medical staff member interviews each newly admitted inmate and completes or reviews an Inmate Mental Health Screening and Assessment (See 4.2.5 Level I/II Medical Screening). Classification staff will complete a Suicide Prevention Screening Form during intake (See 3.6.1 Classification).
2. When inmates indicate that they are presently contemplating suicide and/or has previously attempted suicide, the medical or correctional staff member contacts Immediate Supervisor via telephone and informs them of the inmate's name, current location, and that the inmate is placed on Full Suicide Watch.
3. The Shift Commander contacts the Admission Supervisor and instructs the Admission Supervisor to assign an available Correctional Officer to maintain continuous visual observation of the inmate until placed in a designated crisis watch cell.

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4. If the inmate is referred for Suicide Watch, the Correctional and Medical Staff member completes a Request/Authorization for Suicide Watch Form.
- B. **Suicide Identification and Screening-Inmates Returning to the Facility**
 1. The Medical staff completes the Inmate Mental Health Court Return Screening whenever an inmate returns to the Division of Corrections' facilities from court. Classification staff completes the Suicide Prevention Screening Form whenever an inmate returns to the Division of Corrections' facilities from any outside treatment facility and funeral furloughs.
 2. At CJC, the Admissions Supervisor directs a correctional officer to escort the inmates returning to the facility from court to the medical unit for a Mental Health Court Screening.
 3. At MSI, the Medical staff member report to Processing Unit/Area and completes the Mental Health Court Return Screening.
 4. All completed Suicide Prevention Screening forms used by the Caseworker which are not being referred to the Shift Commander for a Crisis Watch referral shall be placed in the inmate's custody file. Mental Health Screening and Assessment forms used by the medical staff are placed in the inmates' medical file.
 5. If the medical staff or Classification staff determine that the inmate may be suicidal, that staff member immediately places that individual on Full Suicide Watch.
 6. The Medical or Classification Staff member immediately contacts the Shift Commander and informs the Shift Commander of the situation and notify a Mental Health Professional.
 7. The medical or casework services staff member completes the Request/Authorization for Suicide Watch Form and forwards a copy of the form to the on duty Shift Commander and a Mental Health Professional.
 8. The Shift Commander provides a written report, including a copy of the Request/Authorization for Suicide Watch Form, to the Chief of Security, Social Services and Classification.
 9. The Shift Commander notifies the Processing/Admission Officer, the Floor/Area Supervisor and/or Unit Manager via telephone of the suicide watch status.
 10. The Admission Officer enters the suicide watch status into the Processing/Admissions Log Book and in the Caution Section in IJMS on the same day that the identification occurs and no later than the end of the shift.
 11. In assessing the inmate identified as at-risk of suicide, the Mental Health Professional completes the Mental Health Assessment within one (1) working day of receiving a

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referral for the at-risk inmate and forwards the form to the Medical Department for inclusion in the inmate's medical file.

C. Referral Procedures

1. A Correctional Staff Member, who becomes aware of an inmate demonstrating a suicidal indicator, will place the inmate on FSW and maintain continuous visual observation of the inmate until placed in a designated Crisis Watch cell.
2. The Correctional Staff Member contacts the Floor/Area Supervisor responsible for the inmate's housing location directly or via telephone, completes and submits a Request/Authorization for Suicide Watch Form to the Floor/Area Supervisor.
3. The Floor/Area Supervisor immediately contacts the Shift Commander via radio or telephone and requests that the Shift Commander come to the Floor/Area Supervisor's location, indicating the reason for the request.
4. The Shift Commander goes to the requesting Floor/Area Supervisor's location and reviews the Request/Authorization for Suicide Watch Form.
5. The Shift Commander contacts the Unit Manager via radio or telephone and notifies him of the situation.
6. The Shift Commander notifies the Mental Health Professional, the Unit Manager, the Officer of the Day, the Chief of Security, and the Classification Manager of any inmate making a suicidal gesture via telephone.
7. The Housing Officer makes an entry about the suicidal gesture/statements in the Daily Activity Log and passes this information down to the next shift's personnel at shift briefing and post briefing (See 1.3.19 Shift Briefings/Reporting to Work).
8. Each Correctional Staff Member involved in the identification and/or intervention submit an Incident Report to the Shift Commander who forwards the necessary copies according to procedures found in 3.1.10 Incident Reporting.

D. Suicide Watch Placement

1. If an inmate is to be placed in a Crisis Watch Cell, the Shift Commander ensures completion of a TASC Form and reassigns the inmate to a Crisis watch cell with input from the Classification Specialist when available or the Admissions/Processing Supervisor to identify an available Crisis Watch Cell/Room. No inmate on any watch status can be housed on the mezzanine level of the housing unit.
2. At CJC, Pre-admitted arrestees identified as being at risk of suicide, should not be housed in the Special Management Unit. Those individuals shall be housed in the admissions area and/or the Post-Admissions Housing.

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3. The Mental Health Staff can be consulted but are not responsible for cell assignments.
4. In accordance with Division Policy 3.4.1 – Administrative Segregation/Protective Custody, if a bed is not available on the Special Management Housing Unit the Shift Commander will review the early release list and release inmates as appropriate in order to make space. The early release list will be generated by the Classification Committee as needed to free space in the Special Management Unit.
5. The Shift Commander orders the following steps be completed:
 - a. Assigns a Correctional Staff member to continuously observe the inmate
 - b. Obtains the Request/Authorization for Suicide Watch Form
 - c. Strip searches the inmate (completed by Correctional Officer of same gender as the inmate),
 - d. Dresses the inmate in clothing ordered and approved by the Mental Health Professional,
 - e. Follows 3.1.7 Inmate Movement to have the inmate moved to the designated cell and,
 - f. Handles inmate property in accordance with 3.4.1 – Administrative Segregation & Protective Custody.
5. Once an available Crisis Watch Cell has been identified, the Shift Commander contacts the Floor/Area Supervisor responsible for the Housing Unit location via radio and notifies the Floor/Area Supervisor of the inmate en route and the situation.
6. The Floor/Area Supervisor notifies the Housing Officer responsible for the Housing Unit where the Crisis Watch Cell is located via radio to search for contraband in the Crisis Watch Cell where the inmate is to be placed.
7. After the inmate has been placed in the Crisis Watch Cell, the Correctional Staff Member distributes copies of the Request/Authorization for Suicide Watch Form to the Floor/Area Supervisor, and the Caseworker assigned to the Housing Unit. The TASC form is forwarded in accordance with Division Policy 3.4.1 – Administrative Segregation & Protective Custody.
8. The Floor/Area Supervisor responsible for the Crisis Watch Cell places the Suicide Observation Form in a folder and affixes the folder to the outside of the inmate's door.

NOTE: The Suicide Observation Form is to remain in the folder at all times, except when removed for recording observations.

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9. The Floor/Area Supervisor on duty and all subsequent Floor/Area Supervisors include special orders in the pass down information at Post Briefing.
10. The Caseworker places the copy of the Request/Authorization for Suicide Watch Form into the inmate file.
11. The potentially suicidal inmate remains on a Crisis Watch Status until evaluated by a Mental Health Professional. Only the Mental Health Professional can modify a Crisis Watch Level, or completely remove an inmate from Crisis Watch.

E. Cell and Inmate Preparation

1. If an inmate needs to be placed in a Crisis Watch Cell, the Shift Commander communicates via telephone with the Classification Specialist (if available) to identify an available Crisis Watch Cell.
2. Once a vacant Crisis Watch Cell has been identified, the Shift Commander directs the Housing Officer to thoroughly search the inmate's normal living area and property for any indicators of intent to attempt/commit suicide (i.e. suicide note, dangerous items/weaponry, etc.).
3. The Shift Commander directs the Housing Officer responsible for the Housing Unit where the Crisis Watch Cell is located to search for contraband in the Crisis Watch Cell where the inmate is to be placed.
4. The Shift Commander directs an available Correctional Officer to prepare the inmate for movement to the designated Crisis Watch Cell.
5. The Correctional Officer moves the inmate to the Admissions/Processing Unit who will change the inmate's armband to a purple Crisis Watch Identification Armband. The Correctional Officer then moves the inmate to the designated Crisis Watch Cell (See 3.1.7 Inmate Movement).
6. The Correctional Officer conducts a strip search prior to the inmate being moved to the Crisis Watch Cell (See Policy and Procedure #3.1.11 Inmate Searches).
7. The Correctional Officer gives the inmate an approved suicide watch gown and a suicide blanket.
8. The Housing Officer responsible for the designated Crisis Watch Cell places the Suicide Watch Observation Sheet in the folder on the cell door in which the suicidal inmate is placed.

F. Watch level Procedures:

1. Full Suicide Watch (FSW):

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- a. Any inmate who is determined to be at risk of suicide may be placed on suicide watch by Correctional or Medical Staff. Strip celling may be authorized. Reasons for such placement shall be documented. A Request for Authorization for Suicide Prevention Form shall be obtained, completed and submitted to the Immediate Supervisor and Health Care Unit. Inmates on Full Suicide Watch will receive priority placement for camera cells.
 - b. Monitoring of inmates who are placed in suicide watch shall be documented in writing and shall include the following:
 - 1) Checks by security staff at least every 10 minutes which shall include verbal or visual contact with the inmate. These checks shall include a notation on the inmate's behavior or speech.
 - 2) Daily assessments of an inmate's mental health status shall be conducted by a Mental Health Professional or a trained designated health care professional. On weekends and holidays, the Mental Health Professional may consult by telephone with on-site health care staff. Additional contacts shall be made as frequently as determined necessary by a Mental Health Professional or medical staff.
 - 3) The inmate shall remain on Full Suicide Watch until a Mental Health Professional determines that the crisis has been resolved or that the inmate can be placed in a less restrictive watch status.
 - 4) An inmate shall be placed on Close Observation status for at least 24 hours after the Full Suicide Watch status has been terminated unless the Psychiatrist or other Mental Health Professional documents that such observation is not clinically indicated.
 2. Close Observation - An inmate who is determined by a Mental Health Professional to be acutely disturbed, but not suicidal or homicidal may be placed on Close Observation. Only a Mental Health Professional can place or remove an inmate on Close Observation, except per Standing Order 2. Monitoring of inmates who are placed on Close Observation shall be documented and shall include the following:
 - a. Checks by security staff at least every 15 minutes, which include verbal or visual contact with the inmate. These checks shall include a notation on the inmate's behavior or speech.
 - b. The inmate shall remain on Close Observation until the crisis is resolved as determined by the Mental Health Professional.
- G. Housing Supervision - Security**
1. Upon admission onto the Special Management Unit, the Housing Unit Officer moves the CIPSYSL 00611

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inmate's name from the IJMS Transfer List (XMD) into the IJMS Housing Unit cell slot. At CJC, the officer shall amend the Housing Unit Management Log noting the Crisis Watch Status.

2. Inmates on a Crisis Watch Status may not be placed on the mezzanine level of a housing unit or approach the stairs at any time.
3. The Housing Officer provides supervision according to the appropriate watch level on an irregular schedule and documents the inmate's activities on the Suicide Watch Observation Sheet that was placed on the outside of the inmate's cell door.
4. If the inmate demonstrates continued suicidal behavior, which may be harmful to self, the Housing Officer informs the Immediate Supervisor of the behavior immediately. The immediate Supervisor informs the Shift Commander.
5. After consulting with the Mental Health Professional, the Shift Commander decides if the inmate should be restrained and informs the Housing Officer. The inmate is restrained according to procedures found in Policy and Procedure #3.2.20 Restraints.
6. When serving meals, the Housing Officer shall ensure that no plastic wrap is given to the inmate.
7. The Housing Officer removes all eating utensils immediately after the inmate has finished eating.
8. Every Full Suicide and Close Observation inmate is continuously observed via electronic video camera and CCTV monitoring if available and additional observations are made by Correctional Officers according to the appropriate watch level on an irregular schedule as the Correctional Officer conducts an in-person, visual check of the inmate, looking at the inmate through the cell door window.
9. The Housing Officer notes any exceptions in the Segregation Log Sheet.
10. The Housing Officer reports any unusual behavior to the Floor/Area Supervisor and the Shift Commander.
11. The Shift Commander observes the inmate and notifies the medical staff if deemed appropriate.
12. If the Medical/Mental Health Staff make a change in the Reassessment or Suicide Watch Observation Level the Housing Unit Officer places the Crisis Watch Form in the folder on the inmate's door and makes a correction in the Segregation Log Sheet. A copy of the form is forwarded to the Shift Commander's office.
13. The Housing Officer submits the Suicide Watch Observation Sheets to the Shift Commander at the end of each shift.

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14. The Shift Commander provides a copy of the Suicide Watch Observation Sheet to the Chief of Security who reviews the reports daily.
 15. Inmates assigned to either Close Observation or Full Suicide Watch shall be allowed visits in accordance with the established visiting schedule unless security or safety considerations dictate otherwise as determined by the Shift Commander or Unit Manager.
 16. The inmate shall be escorted to the visiting area by the Housing Unit Officer or Pod Escort Officer. The Housing Unit Officer or the officer assigned to the visiting area shall make a visual contact with the inmate every 10 minute.
 17. At the conclusion of the visit, the Housing Unit Officer or the Pod Escort Officer shall escort the inmate back to the inmate's assigned cell.
 18. The visit shall be documented on the inmate's IJMS Journal in accordance with the Housing Unit Post Orders.
- H. Housing Supervision – Medical, Mental Health Staff & Caseworkers**
1. Within one (1) working day of notification, the Mental Health Professional interviews and evaluates the inmate.
 2. The Mental Health Professional identifies the most appropriate response for the potentially suicidal inmate:
 - a. The inmate remains in the facility and remains on Full Suicide Watch,
 - b. The inmate remains in the facility and is downgraded to Close Observation,
 - c. The inmate can be upgraded to Full Suicide Watch from Close Observation,
 - d. The inmate is removed from Close Observation Watch Status and transferred to General Population and/or Special Needs.
 - e. The inmate is referred to a psychiatric center for further evaluation and treatment.
 - f. Once removed from Close Observation Status, a MHP will follow up within 24 hours.
 3. The Mental Health Professional and/or designated healthcare professional makes daily contact with inmates on Crisis watch and submits clinical notes regarding an assessment of the inmate's response to treatment and current mental health status the same day for inclusion in the medical file and makes a notation in the appropriate space on the Crisis Watch Observation Sheet.
 4. The Caseworker shall have a face-to-face interview with individuals on Full Suicide Watch/Close Observation on a daily basis.

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I. Transferring an Inmate on a Watch Status:

1. The Medical staff of the transferring facility will contact the receiving facility and alert the Medical staff of the inmate's pending transfer. The transferring facility staff will fax a copy of the Medical Screening Assessment Form.
2. The medical/mental health staff will alert the Admissions/Processing staff and give them a copy of the Medical Screening Assessment Form. The Admissions/Processing staff will place the inmate's name on the Watch Hot Board, make copies and distribute the Medical Screening Assessment Form to the Shift Commander, Classification, the Pod Unit Supervisor, and the facility Unit Manager.
3. The inmate's name remains on the Watch Hot Board until the inmate arrives at the facility.
4. Upon the inmate's arrival, the Admissions/Processing staff checks to see if the purple Watch Identification Wristband is on the inmate and the Medical Department shall be notified immediately of the inmate's arrival. If the armband is missing another one will be placed on the inmate's left wrist.
5. Depending on the facility (MSI or CJC) the designated staff person in Admissions/Processing, Classification or the Shift Commander will arrange for cell placement.
6. The Area Supervisor will designate a staff member to escort the inmate to the Special Management Unit.
7. Upon learning of the pending release of an inmate on watch status into the free community, the Processing/Admissions Supervisor shall contact the medical staff immediately. The medical staff will provide the inmate with a list of mental health agencies within the free community.
8. When an inmate on Crisis Watch Status is being released to another law enforcement agency, the Admissions/Processing Staff document in the Admissions/Processing Log Book that the receiving law enforcement agents were informed that the inmate is on a Crisis Watch Status.

J. Terminating Suicide Watch

1. Only the Mental Health Professional can terminate a Full Suicide Watch/Close Observation by completing the Crisis Watch Form.
2. The Mental Health Professional provides a copy of the Crisis Watch Form to the Shift Commander and the Housing Unit Officer. The Housing Unit Officer updates the Segregation Log Sheet.

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3. An inmate's personal property, particularly the clothing, shall be returned as soon as practical, consistent with the Mental Health Professional's assessment of the inmate's mental health status.
4. When reclassification to general population becomes necessary the Shift Commander or the Classification Specialist shall initiate the move in accordance with Division Policy and Procedure #3.6.1 – Classification.
5. Once the inmate is taken off a watch status and has been scheduled to move out of the Crisis Watch Cell, the inmate is taken to the Processing/Admission unit so that the purple identification armband can be replaced by the colored armband of the inmate's assigned housing unit.
6. The Shift Commander hand delivers copies of the Crisis Watch Form to the Caseworker and Classification Specialist prior to the inmate being moved, and no later than the end of the shift.

K. Mental Health Services Records and Follow up Monitoring

1. Upon placement on Close Observation or Full Suicide Watch, a treatment plan for services to be rendered to the inmate shall be developed. Upon termination of the emergency, the plan, including a notation of the termination and planned follow-up shall be developed and placed in the inmate's medical file.
2. An individualized record or records shall be kept to document security checks, medical checks, treatment visits and other care provided to inmates while they are on Close Observation, or Full Suicide Watch status.

L. Suicide Attempt Response

1. A Correctional Staff Member discovering a suicide attempt initiates a lockdown of all inmates not involved, notifies the Medical Department, the Floor/Area Supervisor, and the Master Control Officer of a Code 3 via radio or telephone, gives the location of the incident, and indicates how the inmate has attempted to commit suicide (i.e. hanging, cutting wrists, ingesting cleaning solution, etc.) (See Policy and Procedures #3.1.15 Facility Radios and #3.1.17 Lockdown/Unlock).
2. The Master Control Officer announces a Code 3 over the paging system and the location of the Medical Emergency (See Policy and Procedure #3.2.13 – Emergency Treatment of Injuries).
3. The Master Control Officer facilitates a speedy unlocking of all doors leading from the Medical Unit to the scene while maintaining security for all other doors.
4. The medical staff immediately responds to the scene.

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5. The medical staff notifies the St. Louis City Fire Department, if necessary, via telephone to send EMS and advises the Fire Department to drive their vehicle to the Sally Port entrance at the facility (Simultaneous with Step 2).
6. If EMS is necessary the Medical Department notifies the Shift Commander and Master Control via telephone or radio that they are en route.
7. The Shift Commander will dispatch a Correctional Officer to the area where EMS will arrive to escort paramedics to the victim.
8. The Floor/Area Supervisor and/or Floor Officer(s) retrieve the first-aid kit nearest the incident. If seat belt cutters are needed, the first-aid kit located in the Floor/Area Supervisor's location at CJC and/or the Shift Commander's Office at MSI is brought to the location of the incident.
9. Before the Housing Officer enters the cell or room of a hanging victim, a back up officer must be present. While one is cutting down the victim using the seat belt cutter, the other officer is supporting the body to prevent further injury.
10. A certified correctional staff member begins first aid and/or CPR and continues until the medical staff or EMS Paramedics arrive and direct the correctional staff to stop.
11. The Shift Commander notifies the Correctional Investigators via telephone of the suicide attempt and the location of the suicide attempt.
12. The Master Control officer monitors the Housing Unit and floor activity via CCTV, electronically opening the Housing Unit door for the Floor/Area Supervisor, and Floor Officer if necessary, to enter the Housing Unit.
13. Correctional staff members move other inmates and do not allow them to enter areas where the suicide attempt has occurred until the area has been cleared by the Shift Commander.
14. EMS Paramedics arrive at the Division of Corrections facility and are given direct access to the incident location.
15. The Shift Commander assigns Correctional Officers to escort the inmate to the medical area or to a hospital as recommended by the medical staff or paramedics.
16. All involved correctional staff completes an Incident Report (See Policy and Procedure #3.1.10 Incident Reporting). The Housing Unit Officer logs the incident into the unit log book and IJMS.
17. The Floor/Area Supervisor or Shift Commander secures the area where the attempt occurred pending the arrival of the Chief of Security, or in his absence, the Deputy Superintendent of Housing. The Shift Commander sees that any items used by the inmate

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- in the suicide attempt are secured as evidence (See Policy and Procedure #3.1.19 – Crime Scene Management and Evidence Preservation).
18. The Shift Commander completes an Incident Report for every attempt and distributes copies according to procedures found in Policy and Procedure #3.1.10 Incident Reporting.
 19. The Chief of Security completes his/her portion of the Incident Report.
 20. Post-traumatic counseling for staff witnessing suicides and attempted suicides will be provided upon request through the Employee Assistance Program. The mental health staff will offer counseling for inmates witnessing suicides and attempted suicides upon request.

M. Communications

1. A Continuous Quality Improvement (CQI) Committee comprised of custody, mental health, medical and social services officials from the Division, chaired by the Superintendent's designee, meets monthly and continually evaluates the suicide prevention system. The meeting may also include recognition of Correctional Staff Members and Medical staff Members successfully preventing or intervening during a suicide attempt by demonstrating the correct procedure and acting in a safe, timely manner.
2. In the event of a suicide attempt, a Critical Incident Debriefing meeting occurs no later than the next working day following the incident to evaluate the Division's response and compliance with procedure, and to propose further improvements to policy, procedure, and practice.
3. In the event of a suicide attempt, the Critical Incident Debriefing meeting shall consist of the following staff members: the involved medical and correctional staff members, the Deputy Superintendent(s), the Executive Assistant, Unit Manager, the Director of Nursing, the HSA, Mental Health Professional(s) and the Shift Commander.
4. The written evaluation of the incident shall be developed by the Executive Assistant and forwarded to the Superintendent of Corrections within three (3) working days following the incident.

X. SEVERABILITY CLAUSE

If any part of this policy is, for any reason, held to be in excess of the authority of the appointing authority, such decisions will not affect any other part of this policy.

XI. TRAINING

1. All Correctional Staff Members, volunteers and contractors who have regular direct contact with inmates receive and successfully complete Suicide Prevention/Intervention training to include the following components:

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- Identifying the warning signs and symptoms of impending suicidal behavior
 - Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
 - Responding to suicidal and depressed inmates
 - Communicating between correctional and health care personnel
 - Using referral procedures
 - Housing observation and suicide-watch level procedures
 - Follow-up monitoring of inmates who make a suicide attempt
2. All Correctional Staff Members having regular direct contact with inmates receive and maintain certification in First Aid and Cardiopulmonary Resuscitation (CPR).
3. All Correctional Staff Members having regular direct contact with inmates carry the "Warning Signs and Symptoms of Suicide" information card.

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APPENDIX A

**IDENTIFICATION OF THE WARNING SIGNS
AND SYMPTOMS OF IMPENDING SUICIDAL BEHAVIOR**

1. All Correctional Staff Members having direct contact with the inmate population shall monitor inmate's demeanor and behavior and remain alert for the following signs and situations which may indicate a possible suicide attempt or potentially suicidal inmate:
 - a. Inmate attempts to engage in behavior with marked potential for self-harm (i.e., swallows sharp instruments/objects, places plastic bag over head, self-mutilation, shred fabric into strips);
 - b. Inmate threatens to attempt suicide;
 - c. Inmate talks about suicide or self-injurious behavior with staff or other inmates;
 - d. Inmate exhibits overwhelmingly sad, tearful behavior;
 - e. Inmate makes frequent references to death, whether verbal or written;
 - f. Inmate exhibits dramatic shift in emotions or behavior;
 - g. Inmate isolates self or withdraws from normal activities (i.e. skips meals, declines recreation, wants to sleep all day, etc.);
 - h. Inmate gives away facility-issued possessions or commissary to other inmates (i.e. "in case something bad happens," etc.)
 - i. Inmate experiences a significant loss, such as death of a loved one or divorce from a spouse;
 - j. Inmate experiences shock (i.e. an unsuccessful court appeal, extended release date, receives sentence/conditions of probation greater than expected, etc.,);
 - k. Inmate expresses concern about pending discipline;
 - l. Inmate becomes non-compliant when asked to take prescribed psychotropic medication;
 - m. Inmate has history of excessive drinking and/or use of drugs;
 - n. Inmate experiences recent loss of stabilizing relationships (i.e. family, friends, etc.);
 - o. Inmate expresses severe guilt or shame over the alleged criminal offense;

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- p. Inmate has experienced same-sex rape or has been threatened with such;
- q. Inmate has current diagnosis of mental illness;
- r. Inmate is experiencing poor physical health or terminal illness;
- s. Inmate has been recently diagnosed as HIV positive;
- t. Inmate's confinement marked by extended stay(s) in single cell housing;
- u. Inmate is youthful offender;
- v. Inmate is first-time offender;
- w. Inmate's case is receiving heavily focused media attention; and,
- x. Inmate's alleged crime or the circumstances surrounding the crime are of an especially heinous nature.

NOTE: This list is meant as a reference point and should not be considered exhaustive or mutually exclusive. Correctional Staff Members should report and refer any inmate believed to need health care services to Corrections Medical staff.

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Department of Public Safety / Division of Corrections

CHAPTER:	4	Facility Services	4.2.13
SECTION:	2	Health Services	EFFECTIVE DATE: 3/22/2004
SUBJECT:	13	SUICIDE PREVENTION/ INTERVENTION	REVISION DATE: 10/1/14
APPROVED:	 Dale Glass COMMISSIONER OF CORRECTIONS		DATE: 10-21-14
Reviewed: 3/04; 3/06; 10/07; 2/11; 1/13; 9/14 Rescind: 4/17/06; 11/6/07; 2/7/11			

I. POLICY

It is the policy of the St. Louis City Division of Corrections to maintain a prevention plan and guidelines for handling intake, screening, identifying, and supervision of at-risk inmates.

II. PURPOSE

The purpose is to ensure proper intervention and the safety of individuals that have been identified as "at-risk inmates," and to clarify the responsibilities of staff tasked with providing services to this class of inmates.

III. APPLICABILITY

All Division of Corrections employees, volunteers, and contractors are responsible for the following procedures.

IV. STANDARDS

ACA Adult Local Detention Facilities, 4th Edition

4C-32

(MANDATORY) A suicide-prevention program is approved by the health authority and reviewed by the facility or program administrator. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone inmate and is signed and reviewed annually. The program includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an inmate or staff member. It ensures a review of critical incidents by administration,